

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 3-25-02.  
b. The request was received on 7-22-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOB
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:  
No Response noted in the dispute packet
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 8-13-02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response in the dispute packet. The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Statement taken from Table of Disputed Services.  
"This procedure should have not been reimbursed at 50%, it should have been paid at 100% of TWCC fee schedule. Was performed through separate incision per operative report."
2. Respondent: No statement noted in the dispute packet.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-25-02
2. The Carrier denied the billed services as reflected on the EOB as "51 – F Fee Guidelines/Multiple procedures allowance."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-25-02	23120	\$809.00	\$404.50	51	\$809.00	Texas Workers' Compensation Act & Rules 133.307 (g) (3) (B); CPT Descriptors	<p>When determining whether or not additional reimbursement is warranted, the Medical Review Division must first review and confirm that the services were rendered as billed. In this case, the Provider's position is that the procedure billed should not have been reduced by the multiple procedure rule; and the carrier's denial reflects a reduction based on the multiple procedure rule. Without a copy of the operative report the Medical Review Division cannot determine if any additional reimbursement is due. Commission Rule 133.307 (g) (3) (B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute" be submitted. The Requestor has failed to supply any medical documentation to support the services as billed.</p> <p>Therefore, no additional reimbursement is recommended.</p>
Totals		\$809.00	\$404.50				The Requestor <b>is not</b> entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 16<sup>th</sup> day of December 2002.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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